

**PRE-AWARD FORM
FOR STATE REVOLVING FUND LOANS
TO CONSTRUCT DRINKING WATER TREATMENT FACILITIES**

Submit this form to the State Safe Drinking Water Branch after selecting the proposed construction contractor(s) and A/E firm(s).

1. Project_____ DW_____
2. Applicant _____
3. Date by which contract(s) must be awarded:_____
4. Have there been any significant changes to the final plans and specifications, plan of study, or scope of work, since the date of the State's planning documents approval letter?

_____ yes _____ no

If YES, please submit these changes to DOH for approval prior to completion of this form.

5. Submit one copy of all A/E agreements which the applicant proposes to accept. (* For federally-funded projects, these agreements must include the "boiler plate" requirements.)
6. For the construction portion of the project, submit one copy of the following:
 - a) the contract(s) which the applicant proposes to accept and the bid tabulations. (* For federally-funded projects, these contracts must include the "boiler plate" requirements);
 - b) a summary of all bidders' proposals received, with an identification of the lowest, responsive, responsible bidder;
 - c) evidence of bid advertisement; and,
 - d) the engineer's estimate of project costs.
7. Is the selected construction bid the lowest bid received?

_____ yes _____ no

If NO, submit all bid tabulations received, plus a detailed justification describing why the applicant intends to award to other than the lowest bidder.

8. Complete the Summary of Project Costs. In the "remarks" column, describe any ineligible cost items.

	Total Costs	Eligible Costs	Ineligible Costs	Remarks
Contractor(s):				
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	
Subtotal (Contractor)	\$	\$	\$	
Contingency, 5% of Eligible Construction Costs	\$	\$	\$	
Design Allowance, factor ¹ :_____ times Elig Construction Costs	\$	\$	\$	
Construction Management	\$	\$	\$	
Project Inspection	\$	\$	\$	
O&M Manual Preparation	\$	\$	\$	
Other A/E Services	\$	\$	\$	
Equipment ²	\$	\$	\$	
Other (specify)	\$	\$	\$	
TOTAL	\$	\$	\$	

¹ Allowable factors listed in Appendix I, pages I-1 thru I-4 of the SRF Applicant Manual.

² If equipment or material have been approved for purchase outside the construction contracts, enter the estimated or actual costs.

9. Financing Sources for Total Project Costs

General Obligation Bonds	\$
Revenue Bonds	\$
Appropriations	\$
Other County Funds (specify)	\$
Other State Funds (specify)	\$
Other Federal Funds (specify)	\$
State Revolving Fund Loan	\$
TOTAL	\$

10. Describe the dedicated revenue source(s) and timing of these sources for repayment of the loan. Also, identify any alternative sources of funds, should the dedicated source become insufficient to cover the loan payments.

11. Project Milestones

Award construction contract(s)
Award A/E agreement(s)
Issue Notice to Proceed
Construction completion date
Project duration, in months

12. Payment Request Schedule

Indicate the proposed payment request schedule. Payments may be requested only for costs which have been incurred.

	20____	20____	20____
January	_____	_____	_____
February	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____
September	_____	_____	_____
October	_____	_____	_____
November	_____	_____	_____
December	_____	_____	_____

13. Did the Applicant submit all the documents and forms as required in the interim loan agreement? ____ Yes ____ No, if No, please attach documents and forms.

14. Certification

The undersigned representative of the applicant certifies that the information contained above and in any attached statements and materials in support thereof, is true and correct.

Signature of Authorized Representative Date

Name and Title of Authorized Representative